



ACR REF/AF CAREER DEVELOPMENT BRIDGE FUNDING AWARD REQUEST FOR APPLICATIONS

The purpose of this award is to provide bridge funding for promising investigators as they are revising outstanding K08/K23 awards. Through this bridge funding award, the REF plans to support young faculty members so that they have the highest likelihood of achieving success in obtaining future NIH awards. This funding mechanism is consistent with the REF goal of helping to ensure the future of academic rheumatology.

In addition to an excellent K Award application, applicants must be capable of becoming independent, self-directed researchers with a clear and firm institutional commitment to their career development, including a faculty position and other supporting resources.

REVIEW PROCESS

Eligibility

Applicants must be ACR members with an MD, DO, or equivalent medical degree from an accredited institution, MD/PhDs and DO/PhDs are eligible to apply. Applicants must have received a score on the latest of their initial or first re-submission of their K award. **Past recipients of this award and applicants with A2 resubmission status are not eligible to apply.**

Citizenship

Applicant must be a citizen or non-citizen national of the United States, or be in lawful possession of a permanent resident card. Non-citizen nationals are generally persons born in outlying possessions of the United States (e.g., American Samoa and Swains Island). Individuals on temporary (J1, H1) or student visas are not eligible.

Deadlines

All applications must be postmarked by the due date shown below, which varies by cycle.

Cycle	Applications due	Notifications	Award Term	Payment 1	Payment 2
I	7/31/2009	8/15/2009	8/15/2009 – 8/14/2010	8/15/2009	2/15/2010
II	12/31/2009	1/15/2010	1/15/2010 – 1/14/2011	1/15/2010	7/15/2010
III	4/30/2010	5/15/2010	5/15/2010 – 5/14/2011	5/15/2010	12/15/2010

Peer Review

All applications will be reviewed by the REF Scientific Advisory Council.

Review Criteria

Applications will be reviewed on the following criteria:

- Demonstrated experience and productivity as a rheumatology fellow and/or junior faculty member
- Score from NIH Study Section
- Critique from NIH Study Section
- Evidence of strong Scientific and Career Mentoring
- Demonstration of Institutional Support

Notification

The Scientific Advisory Council will make funding recommendations to the REF Board of Directors which has the final authority over all awards. Applicants will be notified of their status by the date shown in the table above, depending on the cycle during which the application is received. Funding will be released within 2 weeks of award notification pending receipt of contractual documents.



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TERMS OF AWARD

Award Period

Grants will be made for no more than twelve months. The grant is not renewable. If an applicant receives NIH or any other career development award during this award term, the applicant must notify the REF and return the unused portion of the REF bridge funding award.

Amount of Award

The REF will provide total support up to \$75,000 in direct costs. The amount of the award can be divided between salary and fringe benefits and/or research costs up to a maximum of \$25,000. Fringe benefits may not exceed 30%. The total salary requested must be based on a full-time, 12 month faculty appointment requiring the candidate to devote a minimum of 75% of full-time professional effort to conducting research with the remaining effort being devoted to activities related to the development of a successful research career. **The REF does not allow indirect costs to the institution.**

Benchmarks

Anyone accepting this award must notify the REF when they re-submit their K award to the NIH. That re-submission is expected during the 12 month period of their bridge funding. This information will be used to facilitate communication about projects to the Scientific Advisory Council and to assess progress. Any news regarding progress including publications or grant applications/funding should be sent to the REF and acknowledged as outlined in the Conditions of Award agreement.

Scientific Conduct and IRB Approval

The REF does not assume responsibility for the conduct of the investigation or the acts of the investigator since both are under the direction and control of the grantee institution and subject to the institution's medical and scientific policies. Grantee institutions must safeguard the rights and welfare of individuals who participate as subjects in research activities by reviewing proposed activities through an Institutional Review Board (IRB) as specified by the National Institutes of Health (NIH) Office for Protection from Research Risks (OPRR). In addition, institutions must adhere to current U.S. Department of Health and Human Services guidelines regarding financial conflict of interest, recombinant DNA, biohazards, research misconduct, and vertebrate animals. The ACR Research and Education Foundation's patent policy is as stated below. All institutions must agree to this policy; it is non-negotiable.



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APPLICATION INSTRUCTIONS

Please submit by mail one CD that includes the items listed below. Please separate each document and label it according to applicant last name and title of document (e.g. 'Smith_2Abstract.pdf'). All documents must be saved in .pdf format. The CD and the signed original REF face page (#8) must be submitted in one package and postmarked by the deadline shown in the table above.

>> Please send all packages to the *ACR Research and Education Foundation, Attn: Mary Wheatley, 2200 Lake Boulevard NE, Atlanta GA 30319*

1. **NIH Face Page:** As submitted in original application
2. **Abstract** – limit to 350 words
3. **NIH Summary Sheets**
4. **New budget and budget justification:** Use NIH PHS 398 style budget
Note: Fringe may not exceed 30% and indirect costs are not allowed.
5. **Statement from applicant and mentor:** The statement should outline their ability to respond to the NIH critique in a substantive and meaningful way that will result in re-submission during the year of bridge funding. Include timeline for resubmission.
6. **Applicant Biosketch in NIH format** (limit to 4 pages)
7. **Letter of institutional support signed by Department Chair:** The applicant must provide evidence of adequate institutional support and adequate protected time to allow completion of the proposed work. The institution must agree to protect at least 75% of the applicant's time and effort for research. The amount of additional salary support from the institution should be stated. The purpose of this award is not to make an investigator 'suitable' for employment, but to provide support for those individuals to whom the institution has made a firm commitment as an academic rheumatologist. The letter should explicitly state how the institution will support the applicant through the process of competing for career development support.
8. **REF Face Page:** Please complete REF face page (below) and submit a hard copy with **original signatures**. Please include your ACR member ID.



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ACR REF/AF Bridge Funding Career Development Award
Application Face Page

K08 K23 (check one)

ACR Member ID: _____

1. TITLE OF PROJECT:	
2. PRINCIPAL INVESTIGATOR (NAME):	2A. DEGREE(S)
2B. POSITION TITLE:	2D. MAILING ADDRESS (STREET, CITY, STATE, ZIP)
2C. DEPARTMENT:	
2E. PHONE AND FAX TEL: _____ FAX: _____	2F. EMAIL ADDRESS:
3. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> Yes <input type="checkbox"/> No Copies of Approved <u>Human Subject Assurances</u> will be required once application has been approved for funding and before any grant payments will be made.	4. VERTEBRATE ANIMALS <input type="checkbox"/> Yes <input type="checkbox"/> No Copies of Approved <u>Vertebrate Subject Assurances</u> will be required once application has been approved for funding and before any grant payments will be made.
5. PROPOSED PERIOD OF SUPPORT (MM/DD/YY): From: _____ To: _____	6. COST REQUESTED FOR PROPOSED PERIOD: DIRECT COSTS (\$): _____ TOTAL COSTS (\$): _____
7. APPLICANT ORGANIZATION: NAME: EIN OR TIN NUMBER:	8. ORGANIZATION ADDRESS:
9. OFFICIAL TO BE NOTIFIED IF AWARD IS MADE: NAME: TITLE: ADDRESS: PHONE: _____ FAX: _____ EMAIL:	10. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION NAME: TITLE: ADDRESS: PHONE: _____ FAX: _____ EMAIL:
11. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.	SIGNATURE OF PI (named in item 2) (In ink. "Per" signature not acceptable.) DATE:
12. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties	SIGNATURE OF OFFICIAL (named in item 10) (In ink. "Per" signature not acceptable.) DATE: